



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input checked="" type="checkbox"/> 18 <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/> 20 <input checked="" type="checkbox"/>					
Remarks					
21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					
Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved	
67 <input checked="" type="checkbox"/> 68 <input checked="" type="checkbox"/> 69 <input checked="" type="checkbox"/> 70 <input checked="" type="checkbox"/> 71 <input checked="" type="checkbox"/> 72 <input checked="" type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time/Date	Permit Effective Date
PINNACLE FOODS CORP. P.O. BOX 625 MILLSBORO DE 19966	09:00 6-23-10	11-1-08
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Exit Time/Date	Permit Expiration Date
BOB LYNCH (DCR OPER IV) (302) 934-3833	11:30 6-23-10	10-31-13
Name, Address of Responsible Official/Title/Phone and Fax Number	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
RANDY SPENCE (MGR) (302) 934-3841		
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Allen V. McCarty	DNIREC (302) 739-9946	6-23-10
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date
[Signature]	DNIREC (302) 739-9946	7-8-10

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable		PERMIT NO. DE 00007316
SECTION F - Facility and Permit Background		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code)	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE 9-22-09	
- Same -	FINDINGS - See Letter -	
SECTION G - Records and Reports		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION	\$ PERSON	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(ii) ANALYSES DATES, TIMES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records).		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(e) QUALITY ASSURANCE RECORDS KEPT.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
SECTION H - Permit Verification		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(b) FACILITY IS AS DESCRIBED IN PERMIT.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS. WARTON BRANCH		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(i) ALL DISCHARGES ARE PERMITTED. \$ IDENTIFIED		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
SECTION I - Operation and Maintenance		
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED. No Power/No Flow		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. ABU-0024-94C		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(e) ALL TREATMENT UNITS IN SERVICE. 1-AERATOR		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(g) QUALIFIED OPERATING STAFF PROVIDED. SEE 4.04		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS. OST/DICC		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED. REVISED 6-4-10		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(l) SPCC PLAN AVAILABLE. REVISED 7-9-07		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. (Dates _____)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
(n) ANY BY-PASSING SINCE LAST INSPECTION.		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

PERMIT NO.

DE 0000736

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE. ☐ YES ☐ NO ☒ N/A (Further explanation attached _____)

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 - Flow measurement (Further explanation attached _____)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☒ YES ☐ NO ☐ N/A
DETAILS:

- (a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. ☒ YES ☐ NO ☐ N/A
TYPE OF DEVICE: ☐ WEIR ☐ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☐ OTHER (Specify SONIC)
- (b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration 3-20-10) ☒ YES ☐ NO ☐ N/A
- (c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A
- (d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A
- (e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES. ☒ YES ☐ NO ☐ N/A

Part 2 - Sampling (Further explanation attached _____)

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☒ YES ☐ NO ☐ N/A
DETAILS:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ YES ☐ NO ☐ N/A
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. ☒ YES ☐ NO ☐ N/A
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT.
IF NO, ☐ GRAB ☐ MANUAL COMPOSITE ☒ AUTOMATIC COMPOSITE FREQUENCY 24 hr ☒ YES ☐ NO ☐ N/A
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE. ☒ YES ☐ NO ☐ N/A
- (i) SAMPLES REFRIGERATED DURING COMPOSITING ☐ YES ☒ NO ☐ N/A
- (ii) PROPER PRESERVATION TECHNIQUES USED ☒ YES ☐ NO ☐ N/A
- (iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT ☒ YES ☐ NO ☐ N/A
- (iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3 ☒ YES ☐ NO ☐ N/A
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. ☒ YES ☐ NO ☐ N/A
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. ☒ YES ☐ NO ☐ N/A

Part 3 - Laboratory (Further explanation attached _____)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. ☒ YES ☐ NO ☐ N/A
DETAILS:

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) ☒ YES ☐ NO ☐ N/A
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. ☐ YES ☐ NO ☒ N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. ☐ YES ☒ NO ☐ N/A
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ YES ☐ NO ☐ N/A
- (e) QUALITY CONTROL PROCEDURES USED. ☒ YES ☐ NO ☐ N/A
- (f) DUPLICATE SAMPLES ARE ANALYZED. 25 % OF TIME. ☒ YES ☐ NO ☐ N/A
- (g) SPIKED SAMPLES ARE USED. 25 % OF TIME. ☒ YES ☐ NO ☐ N/A
- (h) COMMERCIAL LABORATORY USED. ☒ YES ☐ NO ☐ N/A
- (i) COMMERCIAL LABORATORY STATE CERTIFIED. ☐ YES ☐ NO ☒ N/A

LAB NAME

Emmiscoop Labs

LAB ADDRESS

Harrington DE

PERMIT NO.

DE 0000736

SECTION L - Effluent/Receiving Water Observations (Further explanation attached _____)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	NO	NO	NO	NO	NO	YELLOW	-

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached _____)

- ☒ GRAB SAMPLES OBTAINED
- ☒ COMPOSITE OBTAINED
- ☒ FLOW PROPORTIONED SAMPLE
- ☒ AUTOMATIC SAMPLER USED
- ☒ SAMPLE SPLIT WITH PERMITTEE
- ☒ CHAIN OF CUSTODY EMPLOYED
- ☒ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY 24 hrs

PRESERVATION ICED

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☒ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE INDUSTRIAL

SECTION N - Analytical Results (Attach report if necessary)



WATER COMPLIANCE INSPECTION REPORT
STORM WATER EVALUATION
National Pollutant Discharge Elimination System Permitting Program
Delaware Department of Natural Resources and Environmental Control
Surface Water Discharges Section

Name and location of Facility Inspected <u>Pinnacle Foods</u> <u>Millsboro DE</u>	Entry Time/Date <u>09:00</u> <u>6-23-10</u>	Permit Effective Date: <u>11-1-08</u>
	Exit Time/Date <u>11:30</u> <u>6-23-10</u>	Permit Expiration Date <u>10-31-13</u>

An evaluation of the facility's storm water management program was completed in order to determine whether or not the facility is operating in compliance with regards to the storm water permitting requirements of their NPDES permit. The evaluation consisted of a records review and a visual observation of the facility's storm water management system.

The facility is permitted to discharge storm water from Outfall(s) _____.

RECORDS REVIEW				Yes	No	S/C
1)	Storm Water Plan. Has the facility developed and implemented a Storm Water Plan as required by Part III of their NPDES Permit? What is the date of the current SWP? <u>7-2003</u>			<input checked="" type="checkbox"/>		
2)	Training. Training completed annually? Are all employees and contractor personnel that work in areas where industrial materials are used/stored trained to meet the requirements of the SWP?				<input checked="" type="checkbox"/>	
3)	Inspection Records. Are storm water inspections conducted and documented? Please describe.			<input checked="" type="checkbox"/>		
4)	Monitoring Data. Has the facility performed storm water monitoring as required by the permit?			<input checked="" type="checkbox"/>		
5)	Spill and Leaks. Have any major spills or leaks occurred resulting in a discharge to the storm water conveyance system? Is the facility maintaining records indicating spills/leaks?			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

PHYSICAL INSPECTION				Yes	No	S/C
1)	Storm Water Outfalls. Are storm water outfalls identified as required? Outfalls free of trash/ debris/erosion? Any non-storm water discharges occurring?			<input checked="" type="checkbox"/>		
2)	Storm Water Conveyance System. Are catch basins, storm water conveyance systems and storm water treatment facilities cleaned at appropriate intervals? Is the storm water conveyance system free of trash and debris?			<input checked="" type="checkbox"/>		
3)	Good Housekeeping Practices. Are outside areas kept neat and clean? Is process debris removed regularly? Is there evidence of leaks/spills? Is there evidence of particulate matter or visible deposits and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water discharge?			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4)	Storm Water Pollution: materials being stored in a manner that minimizes their exposure to storm water?			<input checked="" type="checkbox"/>		
5)	Storm Water Visual Observations: Are the following present in storm water discharges or do the outfalls indicate evidence thereof?					

OUTFALL NUMBER	OIL SHEEN	VISIBLE FOAM	VISIBLE FLOATING SOLIDS	COLOR
<u>All 7</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	

COMMENTS

NO TRAINING INSPECTIONS DONE THIS YEAR!

Compliance Status At Time of Inspection: IN COMPLIANCE

Reconnaissance Inspection Required: Yes or No If Yes, an Inspection shall be completed within ____ months.

Inspector's Printed Name: Allen McCloskey
 Inspector's Signature: Allen V. McCloskey Date: 6-23-10

PINNACLE FOODS CORPORATION
STORMWATER POLLUTION PREVENTION PLAN
Millsboro Delaware

ANNUAL SITE COMPLIANCE EVALUATION -- CHECKLIST

The Environmental Control Manager, or designee, is responsible for conducting the annual site compliance evaluations.
This checklist provides an overview of the evaluation process - additional details are available in the SWP3 Plan.

REVIEWER:

Bob Lynch

TITLE:

Env./Sup.

DATE STARTED:

12/21/09

DATE COMPLETE:

12/22/09

Team Members:

Items to be Reviewed in Compliance Evaluation	Date Completed	Notes / Follow-up
Any drainage area modifications that require change to SWP3?	12/21/2009	
Inspect stormwater drainage areas for evidence of pollutants entering the drainage system	12/22/2009	
Inspect stormwater outfalls for the presence of non-storm water discharges	12/22/2009	
Verify items that are listed as part of the material handling, storage and transfer areas covered by the SWP3	12/21/2009	
Evaluate effectiveness of measures to reduce pollutant loading	12/21/2009	
Observe structural measures, sediment controls, & other BMP to insure proper operation	12/22/2009	
Verify spill cleanup, control equipment and containment structures in the areas covered by the SWP3	12/21/2009	
Observe Best Management Practices effectiveness to insure proper operation	12/22/2009	
Inspect any equipment required by the SWP3	12/22/2009	

Items to Complete Following the Evaluation

Revise the SWP3 plan as required by the Annual Evaluation.

not needed

(within 2 weeks of inspection)

Implement any changes required.

not needed

Where capital improvements are necessary, establish an implementation schedule. Include schedule in revised SWP3

Prepare a Summary Report that includes:

-
- Inspection Results
 - Follow-up Actions
 - Date of Inspection
 - Personnel Conducting the Inspection
 - All incidents of non-compliance
 - If Facility is in compliance -- certification of compliance
 - Summary Report must be signed by Plant Manager
 - Reports must be retained for at least 3 years with SWP3

Fax Copy to WMQ. Keep Copy in SWP3 File.
Include Copy of Summary Report with Certification & Signature.

PINNACLE FOODS CORPORATION
STORMWATER POLLUTION PREVENTION PLAN
Millsboro, Delaware

ANNUAL SITE COMPLIANCE EVALUATION – CERTIFICATION

The Environmental Control Manager, or designee, is responsible for conducting the annual site compliance evaluations.

A comprehensive inspection was conducted on:
by:

12/21&22/2009

Bob Lynch

The inspection included the visual inspection of equipment, plant areas and structural pollution prevention and treatment controls. The items reviewed are outlined on the attached Annual Site Compliance Evaluation Checklist and necessary details on located in the Stormwater Audit Report also attached.

The inspection found the following issues that need to be addressed (if any):

Vinegar and glycol berms were sealed earlier in the year, Glycol spill in March led to locks on the berms and weekly inspection and drainage logs

The following implementation schedule is in place for the structural controls being installed (if any):

The following implementation schedule is in place for the operational controls being implemented at the facility (if any):

There were no reportable incidents of non-compliance identified at the facility during this Annual Compliance Evaluation.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

R. Spence

Randy Spence
Plant Manager

1/10/10

Date

Send Copy to WHO. Keep Copy in SWP3 File.

STORMWATER POLLUTION PREVENTION PLAN
Millsboro Delaware

Date: 5/13/10
Inspector: Blynch & Parkinison

VISUAL INSPECTION FOLLOWUP RECORD

INSPECT	FOR	ACCEPTABLE?		COMMENTS/ACTION NEEDED	Responsible Person	Corrective Action Taken	Date Resolved
		YES	NO				
OVERSEEN PLANT GROWTH AREAS							
All areas	Spilled materials	✓					
Grassed areas	Bare spots or soil erosion	✓					
Catch Basins and Drains	Debris or clogging	✓					
Areas where spills have occurred in the past	Signs of spillage	✓					
Material storage areas	Spill potential	✓					
Old equipment & metal recycling areas	Spill potential	✓					
Shipping & Receiving areas	Potential contaminants	✓					
Outfalls	Clear of debris, plant material, culverts	✓					
Corroded drums or drums without plugs or covers	Spill potential	✓					
Corroded or damaged tanks, tank supports, tank drain valves	Signs of leakage	✓					
Corroded or leaking pipes	Signs of leakage	✓					
Leaking or improperly closed valves and valve fitting	Spill potential	✓					
Leaking pumps or hose connections	Spill potential	✓					
Electrical Transformers	Signs of leakage	✓					
Hydraulic Systems	Signs of leakage	✓					
All areas	Wind blown dry material	✓					
Facility fencing, security, lighting	Intact and working	✓					
Spill kits	Adequately provisioned	✓					
Containment structures	Signs of cracks, damage or leakage		✓				
Valves, fill lines, vents, connections, loading areas	Signs of leakage		✓				
Aboveground storage tanks	Signs of leakage		✓				
Shipping & receiving areas	Signs of spillage	✓					
Drainage facilities	Blockage or debris	✓					
Curbings or other stormwater diversion structures	Damage	✓					
All plant roofs	Materials exhausted through vents	✓					

** Also satisfies requirements for SPCC Inspections, Tests and Records

PINNACLE FOODS CORPORATION
STORMWATER POLLUTION PREVENTION PLAN
 Millsboro Delaware

RECORD OF DIKE DRAINAGE (glycol chiller basin)

2010 DATE	TIME BEGIN	TIME ENDED	freeze pt. fahrenheit	APPEARANCE OF WATER AT TIME OF PUMPING	OPERATOR NAME
--------------	---------------	---------------	--------------------------	--	---------------

[illegible]

RECORD OF DIKE DRAINAGE (vinegar berm)

[illegible]

SWP3 Inspect Log.xlt

Lynch, Bob E

From: Carbaugh, Nathan A.
Sent: Monday, June 14, 2010 9:34 AM
To: Lynch, Bob E
Subject: RE: thermometers

I'm not sure when they will be back. Hopefully before our inspection. The inspection is why we sent them out, we needed some calibrated thermometers. I'll have Blondena call and see how long they will take.

Nate

From: Lynch, Bob E
Sent: Monday, June 14, 2010 9:27 AM
To: Carbaugh, Nathan A.
Subject: thermometers

Nate, Blondena told me you had two traceable thermometers sent out for calibration. Do you know when they will be back? I need to calibrate my thermometers, preferably before our inspection. The one she gave me expired on 03/01/08. The one I used last year expired on 02/17/10.

Thanks,

Bobby

6/23/2010

Lynch, Bob E

From: Towers, Lana
Sent: Monday, June 21, 2010 10:32 AM
To: Lynch, Bob E
Subject: FW: Aerators

FYi

Lana Towers
Pinnacle Foods Corporation
Millsboro DE
302-934-3821
lana.towers@pinnaclefoods.com

-----Original Message-----

From: Carter, David L.
Sent: Monday, June 21, 2010 10:10 AM
To: Spence, Randy; Potter, Arthur K; Bove, Dan; Towers, Lana
Subject: Aerators

The aerators should be there this Wednesday.

DC



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
& ENVIRONMENTAL CONTROL
DIVISION OF WATER RESOURCES

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

Phone: (302) 739-9046
Fax: (302) 739-8369

Surface Water Discharges Section

SECTION 4.04 REPORT

WASTEWATER TREATMENT FACILITY			
NAME	Pinnacle Foods Group LLC		
ADDRESS	29984 Pinnacle Way		
	Millsboro	Delaware	19966
	CITY	STATE	ZIP
OWNER INFORMATION			
NAME	Pinnacle Foods Group LLC		
RESPONSIBLE OFFICIAL	Doug Emmett		
TELEPHONE NUMBER	973-541-8646		
ADDRESS	1 Old Bloomfield Avenue		
	Mountain Lakes	New Jersey	07046
	CITY	STATE	ZIP
TYPE OF PLANT OR TYPE OF UNIT PROCESSES OPERATED			
Activated Sludge: Equalization, step feed flow, aeration, Clarifier, sand filters, UV disinfection, aerobic sludge digestion, sludge storage & seasonal spray irrigation			
PLANT SIZE			
DESIGN FLOW	0.6	MGD	AVERAGE DAILY FLOW (2009) 0.264 MGD
OPERATOR(S) IN DIRECT REASONABLE CHARGE			
Please attach additional sheet if necessary			
Name	Lic. #	Lic. Level	Area(s) of Plant Responsibility
Robert E. Lynch	182	IV	overall DRC
OTHER OPERATOR(S)			
Please attach additional sheet if necessary			
Name	Lic. #	Lic. Level	Area(s) of Responsibility
Dennis J. Parkinson	193	IV	day to day operations
VERIFICATION			
1/19/10	R. Spence		
DATE	SIGNATURE OF RESPONSIBLE OFFICIAL		

RETURN TO:

DNREC
ATTN: SURFACE WATER DISCHARGES SECTION
89 KINGS HIGHWAY
DOVER, DE 19901

Delaware's good nature depends on you!



HORNEY INDUSTRIAL ELECTRONICS
CERTIFICATE OF CALIBRATION
Process Control Technology

Date : March 2, 2010

Pinnacle Foods
P.O. Box 625
Millsboro DE 19966

Purchase Order: 0710026983

Job#:604892

<u>Manfg.</u>	<u>Serial#</u>	<u>Range</u>
EB Flow: E/H FMU 861	8AR009-EP40	0-1000 GPM
Raw Flow: F/P Ultrasonic	95W032110	0-1200 GPM
F/P 1392 C/R	805C040U01-C03	0-1200 GPM
UV Effluent Flow: F/P Ultrasonic	95W001009	0-500 GPM
F/P 1392 C/R	805C040U01-B03	0-500 GPM
Spray Irrigation: Siemens Mag 5000	104213N056	0-250 GPM
Siemens Mag 5100 3" Tube	469113T036	0-250 GPM
H/W DR4500AT C/R	0911Y980723300002	0-250 GPM

ALL CALIBRATION TRACEABLE TO N.I.S.T. AS PER MANFG. SPECIFICATION



HORNEY INDUSTRIAL ELECTRONICS

Process Control Technology

Bob Lynch

934-3033

CALIBRATION
WORKSHEET

A. 000688

P.O. Box 700 Bridgeville, DE 19933
Phone (302) 337-3600 Fax (302) 337-8560

Customer Name	Pinnacle Foods	Customer PO No.	0710020923
Address	29984 Pinnacle Way	Account No.	
City, State, Zip	Willsboro, DE. 19966	Date	3/02/10
Job Description	Calibration	Terms	Net 20

Manufacturer	Serial Number	Range	Departure
UV Effluent Flow			
FIP ultrasonic	95W00007	0-500 gpm	
FIP 1392 C/R	805C040001-B03	0-500 gpm	
EB Flow			
E/H FMU 061	BAR009-EP40	0-1000 gpm	
Raw Flow			
FIP ultrasonic	95W032110	0-1200 gpm	
FIP 1392 C/R	805C040001-B03	0-500 gpm	
after eff			
500000 gpm flow	1142-3000	0-250 gpm	
500000 gpm flow	909000000	0-250 gpm	
0750000 C/R	0014740023300002	0-250 gpm	

Signature	Hours
Clear and complete	

Service Engineer

Customer Signature

Date

Above work was completed to our satisfaction

Sludge Volume Inventory(gallons)

Date	digester #1	digester #2	lagoon	total(gallons)	hailed/mo.	wasted(gallons)/mo.
10/1/2009	175,000	250,000	1,700,000	2,125,000	1,133,000	599,220
11/2/2009	75,000	50,000	1,267,000	1,392,000	859,000	436,165
12/3/2009	0	100,000	810,000	910,000	0	138,990
1/4/2010	0	125,000	575,000	700,000	0	212,375
2/1/2010	0	250,000	640,000	890,000	0	374,930
3/1/2010	180,000	100,000	869,930	1,149,930	0	538,980
4/1/2010	0	250,000	900,000	1,150,000	840,000	393,525
5/3/2010	25,000	75,000	275,000	375,000	0	396,605
6/1/2010	125,000	150,000	275,000	550,000	0	

Composite Sampler - Individual Sample Aliquot Volume Calibration

*** Each individual sample volume must be within $\pm 10\%$ of the calculated average.



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

ENVIRONMENTAL LABORATORY
SECTION

PHONE: (302) 739-9942
FAX: (302) 739-3491

July 07, 2010

J. Chris Cleaver
DWR - Surface Water Discharge Section - NPDES
89 Kings Highway
Dover, DE 19901

Attention: J. Chris Cleaver

Attached you will find the following Laboratory Results:

<i>Order Number:</i>	1006046
<i>Project Description:</i>	Pinnacle
<i>Date Received:</i>	06/22/2010
<i>Time Received:</i>	13:50

If you have any questions regarding this data, please contact me at the above telephone number.

Sincerely,

Kathy A. Knowles
Laboratory Manager

Delaware's good nature depends on you!



Environmental Laboratory Section - Division of Water Resources
 Delaware Department of Natural Resources and Environmental Control
 89 Kings Highway, Dover, DE 19901 Phone: 302-739-9942

ANALYSIS REPORT

ELS Sample Number:	1006046-001	Matrix:	Waste Water			
Client Sample Description:	001	Sampling Method:	Composite			
Site ID:	001	Date and Time Collected:	6/22/2010			
<i>Test Parameter</i>	<i>Method</i>	<i>Result</i>	<i>Units</i>	<i>Qualifier</i>	<i>LOQ</i>	<i>Analysis Date</i>
Inorganic Nonmetallic Constituents						
Ammonia as N, Total	USEPA 350.1	0.249	mg/L		0.020	06/23/2010
Phosphorus, Total, Alkaline Persulfate	APHA 4500-P-J	1.38	mg/L		0.050	06/23/2010
Organic Aggregate Constituents						
BOD, 5-Day	APHA 5210-B	< 2.40	mg/L		2.40	06/24/2010
Physical and Aggregate Properties						
Residue, Nonfilterable (TSS)	APHA 2540-D	3	mg/L		2	06/23/2010

ANALYSIS REPORT

ELS Sample Number:	1006046-002	Matrix:	Waste Water			
Client Sample Description:	001	Sampling Method:	Grab			
Site ID:	001	Date and Time Collected:	6/22/2010	10:50		
<i>Test Parameter</i>	<i>Method</i>	<i>Result</i>	<i>Units</i>	<i>Qualifier</i>	<i>LOQ</i>	<i>Analysis Date</i>
Microbiological Examination						
Enterococcus	USEPA 1600	< 1	cfu/100ml		1	06/23/2010

ANALYSIS REPORT

ELS Sample Number:		1006046-003	Matrix:		Waste Water		
Client Sample Description:		001-1	Sampling Method:		Grab		
Site ID:		001-1	Date and Time Collected:		6/22/2010 10:51		
Test Parameter		Method	Result	Units	Qualifier	LOQ	Analysis Date
Microbiological Examination							
Enterococcus		USEPA 1600	< 1	cfu/100ml		1	06/23/2010



Qualifier Codes, Definitions, and Abbreviations

Qualifier/Flag

<	Sample value is below the method detection limit. The result is reported as < MDL.
>	Sample value is above the upper quantitation limit. The upper quantitation limit is reported.
AB	Air Bubble in DO bottle
B	Compound not detected substantially (10 times) above the level reported in the laboratory blanks (For Chlorophyll & Pheophytin, blank value is at or below amount detected in sample).
BT	Secchi disk ON BOTTOM. The reported result is the depth from the surface to the bottom.
C	See report narrative or comment line for observations concerning this result.
D	Sample diluted for analysis.
EG	Value exceeds a theoretically equivalent or greater value (e.g. dissolved > total).
EW	Value exceeds a theoretically equal or greater value (e.g. dissolved > total). However, the difference is within the expected precision of the analytical techniques and is not statistically significant.
FB	The parameter was detected in the field blank at a concentration that was both above the MDL and greater than 10% of the sample concentration.
FZ	Samples frozen prior to analysis
I	The reported value is estimated due to the presence of interference.
IM	Instrument malfunctioned; No measurement taken.
J	Analyte present; reported value is estimated; concentration is below the range for accurate quantitation (greater than the MDL, but less than the LOQ).
JH	Result is likely overestimated due to matrix effect.
JL	Result is likely underestimated due to matrix effect.
LOQ	Limit of Quantitation
MDL	Method Detection Limit
NA	Not Analyzed but required by project workplan or analytical request form.
NBF	No bottom measurement recorded in the field due to shallow water; Bottom records are those measurements recorded at surface.
NC	Sample not collected, but required by the project work plan.
ND	Not Detected.
NE	Field measurement not taken due to uncontrollable field sampling event or Natural Condition (Depth of water too deep/shallow).
NF	Sample collected, but not analyzed by the laboratory due to field error.
NO	None Observed
NR	No Result. See report narrative or comments for explanation.
NV#	Analytical result not valid.
O	Sample outsourced for analysis. Data will be reported separately.
P	Sample not properly preserved in field in accordance with preservation requirements. Data may be suspect.
QC	Quality control value is outside acceptance limits.
QNS	Quantity not sufficient. Not enough sample to perform requested analyses.
S	Results will be reported in a separate report; See attached report.
SD	Sample discarded; Sample collected but not analyzed as per client request.
SNF	Site has no flow (i.e. a dry stream or a stream with no velocity)
STD	Stream too deep
STS	Site is too shallow to sample
TIC	Tentatively identified compound from a GC/MS library search.
U	Compound was analyzed but not detected. The method detection limit is reported.
UR	Nothing unusual was noted during the analysis of this sample. However, the test result differs from the norm to an extent that the laboratory considers it unreliable.
USGS	USGS Gauge
V	Analysis performed after holding time expired.
X	Results were not available at the time of the release of the report. Results will be reported when available.



Environmental Laboratory Section - Division of Water Resources
Delaware Department of Natural Resources and Environmental Control
89 Kings Highway, Dover, DE 19901 Phone: 302-739-9942

Qualifier Codes, Definitions, and Abbreviations

Units

CFS	Cubic Feet per Second.
cfu/100mL	Colony forming units per 100 mL.
G	gram; there are 1000 g in 1 Kg.
GPM	Gallons per minute.
IN	Inches.
Kg	Kilogram.
L	Liter.
mg	milligram; there are 1000 mg in 1 g.
MGD	Millions of Gallons per Day.
ml	milliliter; there are 1000 ml in 1 L.
mpn/100mL	most probable number per 100 mL.
NTU	Nephelometric Turbidity Units. NTU is numerically equivalent to Formazin turbidity unit (FTU).
oC	Celsius.
pCi/L	Pico curie per liter.
ppb	Parts per billion=ug/Kg, ug/L.
ppm	Parts per million=mg/Kg, ug/g, mg/L, ug/ml; 1 ppm=1000 ppb.
su	Standard Units.
ug	microgram; there are 1000 ug in 1 mg.
uL	microliter; there are 1000 ul in 1 mL.
uMhos	Conductivity units for laboratory measurements.
uS	micro siemens; units used to measure conductivity in the field; same as uMhos.

FIELD CHAIN OF CUSTODY

Environmental Laboratory Section - Division of Water Resources
Department of Natural Resources and Environmental Control
89 King Highway, Port, BC, V9A 2G2, 794-9642



Client : J. Chris Cleaver
Address : 89 Kings Highway
Dover, DE 19911
Phone No.: 43021739-0946

Report To	J. Chris Cleaver
Invoice To	J. Chris Cleaver
Account	NPD5
US Order ID	10060546

[illegible]

FOR USE ONLY

Sample Conditions (circle response):

1. Samples match COC? Yes/No 2. Bottles supplied by ELS? Yes/No 3. Samples received broken/leaking? Yes/No 4. Cooler temp bottle 2-6 degrees? Yes/No/NA
5. Properly preserved? Yes/No 6. VO/DO containers free of headspace? Yes/No/NA 7. Holding times expired? Yes/No 8. Volume sufficient for analysis? Yes/No/NA

9-2010

Pinnacle Foods (CSI)

6-23-2010

Arrived at approx. 08:50 and met with Bob Lynch.

Did plant walk through starting at the Headworks. @ Static screens that wash solid which are then landfilled.

The flows then get pumped to the EQ Tk. which has @ aerators.

- The flows are then pumped to the Step Feed aeration system.

- The flows then go to a Clarifier (very clean)

- The Clarifier is pumped to @ Parkinson sand filters

- Then pumped to a Tragen UV 3000 unit. Bulbs are cleaned monthly.

- Security checks all areas hourly and logs same.

Pinnacle Foods (cont.)

Pinnacle

- The elco Sampler was clean with new tubing. Sample val. calibrations are done monthly!
- The Effluent flow meter was cal. on 3-20-2010.
- Checked outfall 001, clean and identified.
- All Solids are pumped into 2 aeration lagoons then onto a final 2mm gal. logood, and then land applied.
- * ① Aerator is out of service.

Checked all ⑧ Storm water outfalls. All were clean and identified.

• Check and Buff Sca

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* No

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cont.)

Pinnacle Foods (CSI cont.)

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- Checked plant Lab: Ph, BOD, TSS, and 7 law is done in house.

Buffers ④ exp. 3/12 ⑦ exp. 5/12

Scales cal. = 5/2010

* Thermometers have not been cal.

* No Stormwater training has been done this year.

* Checked May PMR = 2 mistakes, revision is on the way.



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES &
ENVIRONMENTAL CONTROL
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

Surface Water Discharges Section

Telephone: (302) 739-9946
Facsimile: (302) 739-8369

CMRRR# 7005 1820 0002 9303 7032

July 8, 2010

Pinnacle Foods Corporation
Mr. Randy Spence – Plant Manager
29984 Pinnacle Way, Rt. 331
P.O. Box 625
Millsboro, DE 19966

Re: Compliance Sampling & Inspection Sampling (CSI) – June 23, 2010
NPDES Permit No. DE-0000736

Dear Mr. Spence:

On behalf of the State of Delaware, Surface Water Discharges Section, Compliance Branch, I would first like to thank you, Mr. Bob Lynch, and your associates for the cooperation and assistance during the Compliance Sampling & Inspection (CSI) completed at your facility on June 23, 2010, by our Mr. Allen McCloskey – Senior Environmental Compliance Specialist.

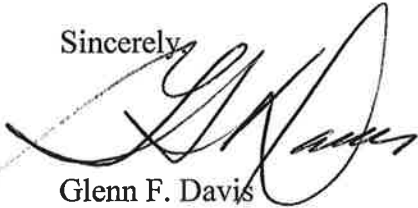
Laboratory records, reagents, instrumentation, and methods were found to be within NPDES requirements. Overall plant housekeeping was reported as very good and your technicians and operators were very cooperative and helpful. During this CSI, there were no observable major deficiencies found, and we would like to commend everyone at Pinnacle Foods in Millsboro for their efforts. While reviewing the May, 2010 Discharge Monitoring Report, there were two minor data entry errors discovered. Although these data entry errors did not result in any violations, the DMR's must be accurate when submitted to the State of Delaware. You must see that these data entries are corrected and a revised DMR submitted to this office within 30 days.

I would again like to thank you, Mr. Bob Lynch, and your associates for the cooperation and participation in this Compliance Sampling Inspection program to help assure the continued quality of NPDES effluent waters and the self-reporting data. If you have any questions, please contact Mr. Allen McCloskey or me at 302-739-9946.

Delaware's good nature depends on you!

Pinnacle Foods Corporation
CSI – June 23, 2010
Page Two

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Davis', written over a horizontal line.

Glenn F. Davis
Program Manager
Surface Water Discharges Section
Compliance & Enforcement Branch
State of Delaware – DNREC

ecopy: Mr. Rob Underwood - DNREC
Mr. Allen McCloskey – DNREC